




PRE-APPEAL BRIEF REQUEST FOR REVIEW		Docket Number (Optional) M4065.0417/P417															
	Application Number 09/825,997-Conf. #3856	Filed April 5, 2001															
	First Named Inventor Robert Gentile																
	Art Unit 2114	Examiner G. L. Chu															
<p>Applicant requests review of the final rejection in the above-identified application. No amendments are being filed with this request.</p> <p>This request is being filed with a notice of appeal.</p> <p>The review is requested for the reason(s) stated on the attached sheet(s). Note: No more than five (5) pages may be provided.</p> <p>I am the</p> <table><tr><td><input type="checkbox"/></td><td>applicant /inventor.</td><td rowspan="2"> _____ Signature</td></tr><tr><td><input type="checkbox"/></td><td>assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td><td>_____ Thomas J. D'Amico Typed or printed name</td></tr><tr><td><input checked="" type="checkbox"/></td><td>attorney or agent of record. Registration number 28,371</td><td>(202) 420-2232 _____ Telephone number</td></tr><tr><td><input type="checkbox"/></td><td>attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</td><td>5/9/07 _____ Date</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <table><tr><td><input type="checkbox"/></td><td>*Total of 1 forms are submitted.</td></tr></table>				<input type="checkbox"/>	applicant /inventor.	 _____ Signature	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	_____ Thomas J. D'Amico Typed or printed name	<input checked="" type="checkbox"/>	attorney or agent of record. Registration number 28,371	(202) 420-2232 _____ Telephone number	<input type="checkbox"/>	attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	5/9/07 _____ Date	<input type="checkbox"/>	*Total of 1 forms are submitted.
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